

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 1:14-cv-01748

In Re: Testosterone Replacement Therapy Products Liability
Litigation

This document relates to: Medical Mutual of Ohio v. AbbVie,
Inc., et al., No. 1:14-cv-008857

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
Defendants Actavis plc and Anda, Inc.

Pursuant to CMO No. 3, counsel's e-mail address is: robert.sparkes@klgates.com

NAME (Type or print) Robert W. Sparkes, III	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Robert W. Sparkes, III	
FIRM K&L Gates LLP	
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ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER (617) 261-3100
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	